



Both the Contractor and the Inspector must submit a separate copy of this form directly to DSA. File this report at completion of project, when services in connection with the project are terminated, when work stops for more than one month, or when any building of the project is occupied.

Check all applicable boxes:	<input type="checkbox"/> Final - Work 100% complete <input type="checkbox"/> Work not completed (indicate at "★" below) <input type="checkbox"/> Building(s) _____ occupied	<input type="checkbox"/> Terminating <input type="checkbox"/> Work Stopped	DSA File No. _____ DSA Application No. _____
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This report includes all construction work through the date of: _____ month _____ day _____ year

School District/Owner	Project Name (School)
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Scope of Work	Contract Amount \$
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INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE	INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE
Site work		Fire Alarm System	
Foundation		Fire Sprinklers & Suppression Systems	
Structural Frame		Access, Gates & Fire Flow	
Electrical (including grounding systems)		Accessible Parking	
Plumbing		Ramps/Elevators/Lifts	
Mechanical		Accessible Restrooms	
Finishes		Accessibility Signage	

Total Project Completion (estimate total percentage of completion for projects where work is not complete):	<input style="width: 100%;" type="text"/>
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★List work to be completed (attach additional pages as necessary):

Total Number of Change Orders at Close of Project:	<input style="width: 100%;" type="text"/>
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This section to be completed by Project Inspector or Contractor:

I know of my own personal knowledge that all construction has, in every material respect, been performed in compliance with the DSA approved documents. I declare under penalty of perjury that I prepared this report and that all statements are true.

Signature _____ Print Name _____ Date ____ - ____ - ____

Title _____ (Inspector, Assistant Inspector, Contractor, School District/Owner)

Business Address _____

City _____ State _____ Zip _____

Contractor or representative of district performing own work must also complete the following:

I am an authorized official of _____
(Contracting Firm, Corporation, or School District performing work)

working in the capacity of _____
(Owner, Partner, President, Vice-president, Superintendent)

with personal knowledge of the work of construction. I have been authorized by said firm or corporation to sign this report.

Submit completed form to the DSA Regional Office where this project was filed:

DSA San Francisco Bay Area Region
1515 Clay Street, Suite 1201
Oakland, CA 94612

DSA Sacramento Region
1225 R Street
Sacramento, CA 95814

DSA Los Angeles Basin Region
311 S. Spring Street, Suite 1301
Los Angeles, CA 90013

DSA San Diego Region
16680 West Bernardo Drive
San Diego, CA 92127